

MSFC CONTRACTOR ACCIDENT AND SAFETY STATISTICS

For: Month/Year _____ Report Period: _____ Contractor: _____

Date: _____ Supported Directorate: _____ NASA Contract No.: _____

GENERAL INFORMATION	Name	SIC Code	Direct Labor Hours Worked This Month
Prime Contractor			
Subcontractor 1			
Subcontractor 2			
Subcontractor 3			
Subcontractor 4			
Total			

OCCUPATIONAL INJURIES/ILLNESSES	Onsite	Offsite
Number of Supervisors		
Number of Employees		
Manhours worked		
Lost Workday Cases w/days away		
Total Days Away		
Lost Workday Cases w/restricted duty		
Total Restricted Workdays		
Medical Treatment Cases (No Lost Workdays)		
First-Aid Cases		
No. Close Calls reported		
No. Supervisor Safety Inspections		
No. Safety Meeting		

EQUIPMENT & PROPERTY	Number	Cost \$
Type A (>\$1m)		
Type B (\$250k to \$1m)		
Type C (\$25k to \$250k)		
Incident (\$1k to \$25K)		
Close Calls		

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PROVIDE STATUS ON EACH REPORTABLE EVENT

NEW CASES

File Number OFFICE USE ONLY	Name	Date of Event	What happened (Brief Statement)	LOSS (** Lost Workdays, Estimated \$, Final \$)

CONTINUING CASES

File Number OFFICE USE ONLY	Name	Date of Event	What happened (Brief Statement)	LOSS (**Lost Workdays)

CASES WHICH CHANGED STATUS FROM A PREVIOUS MONTH

File Number OFFICE USE ONLY	Name	Date of Event	Indicate the number of days away or restricted workdays	Previous Injury Type	Current Injury Type

IDENTIFY SIGNIFICANT SAFETY ACTIVITIES AND ACCOMPLISHMENTS THIS PAST MONTH

Date	Activity/Accomplishment

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Instructions for Completing MSFC Form 4371

HEADER MATERIAL:

MONTH & YEAR - The month and year of this report.

REPORT PERIOD - Give the 12-month period in which this report is included, e.g., "Contract Year I (Jan-Dec 97)," "FY98 (Oct-Sept)."

CONTRACTOR - Name of contractor submitting this report.

NASA CONTRACT NUMBER - The NASA contract number of the prime contract for which this data is being prepared.

SUPPORTED DIRECTORATE - The MSFC directorate or office for which the goods or services of the contract are being provided (NOT the contracting officer).

DATE - Date this reported was prepared.

GENERAL INFORMATION:

NAME OF PRIME AND SUBCONTRACTOR 1, 2, ETC., - The name of the Prime contractor and each subcontractor shall be listed. List all subcontractors with annual subcontract value of \$500,000 or more for contract year or contribute 20% or more of the direct labor hours on the contract. For subcontracts with annual value less than \$500,000 and which contribute less than 20% of the direct labor hours of this contract need not be listed.

SIC CODE - The Industry Group number (according to the Standard Industrial Classification Manual, 1987, Office of Management and Budget) which best describes the work done by the listed prime and subcontractor. The SIC to be provided is to reflect the work done on this contract by the prime or subcontractor. This may vary between contractors.

DIRECT LABOR HOURS WORKED THIS MONTH - By each listed prime and each subcontractor; enter hours worked by all unlisted contractors in last line.

OCCUPATIONAL INJURIES/ILLNESSES - To include complete data, not just that from the contractors listed in GENERAL INFORMATION.

ONSITE OFFSITE - These columns refer to data arising from contract activities performed on NASA property off NASA property. Each column contains subcolumns marked Month. MONTH is data for the month being reported.

NUMBER OF EMPLOYEES - The number of different employees on payroll who are doing work on this contract. The Government may have required the contract to submit each month a personnel strength report; the contractor may attach a copy of its personnel strength report instead of completing this line.

MANHOURS WORKED - Total direct labor hours worked as reported to the Government in financial reports (e.g. MSFC Form 4371 this information is used to calculate INCIDENCE RATES).

LOST WORKDAY CASES WITH DAYS AWAY (LWDA) - The number of cases of injury resulting in a lost time or fatality with days away from work or resulting in both days away from work and restricted workdays. Each injury in a given mishap is considered separate case. "Lost workday case with days away" Includes time away from work in order to recuperate from a work-related injury. In general, this does not include time taken to obtain first aid, medical treatment, or diagnostic evaluations of an injury.

LOST WORKDAY CASES WITH RESTRICTED DUTY (LWRD) - The number of cases of injury resulting in a lost time or fatality with restricted workdays. Each Injury in a given mishap is considered a separate case. "Lost workday case with restricted work days" occurs when the employee is physically or mentally unable to perform all or any part of his or her normal assignment during all or any part of the workday or shift. In general, this does not include time taken to obtain first aid, medical treatment, or diagnostic evaluations of an Injury.

MEDICAL TREATMENT CASES - (No Lost Workdays) - NASA follows OSHA guidelines for defining medical treatment. Please refer to "Record-keeping Guidelines for Occupational Injuries and Illnesses," U.S. Department of Labor; or NPD 8621.1, "Mishap Reporting and Investigation Policy."

FIRST AID CASES - Self-explanatory.

TOTAL DAYS AWAY - Total days absent from work to recover from an injury. Does not include restricted workdays.

TOTAL RESTRICTED WORKDAYS - Total days an employee was unable to perform all or any part of his or her "normal" assignments, total days an employee was assigned to a temporary assignment, or total days the employee was unable to work full-time due to the injury or illness. (Each partial day of work is counted as one day of restricted activity.)

EQUIPMENT AND PROPERTY DATA - To include quantity and cost of losses (including repair) for month and year to date.

PROVIDE STATUS ON EACH REPORTABLE EVENT - (New Cases, Continuing Cases, Cases that Changed Status) - Do not carry over closed items.

NAME/DESCRIPTION - Personnel involved.

DATE OF EVENT - Self explanatory.

WHAT HAPPENED - Brief statement one-line description of actual event plus status of open investigations, corrective actions, and changes in status.

LOSS - Number of Lost Workdays (includes days away and restricted workdays). Please identify which type of lost workdays. Estimated or final amount for damages.

Attach additional sheets if necessary.

**For all questions, Please refer to OSHA record-keeping guidelines for further guidance or contact:
MSFC, Safety and Mission Assurance Office (544-0046)**